Insurer: Tanjlin REF: EQQ

ASSIGNMENT

From: Date: 23.11.2017
Estimated Cost:
OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLN 819P
at Workshop m/s: Performance
of: 303 Alexandra Rd
Insured:
Policy No.:
Claims No.:
Sum Insured: Excess:
(Client's Record)
Make of Veh:

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value:
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted: Intmiran

Veh No: SLN819P. Regn: 29/7 Aug
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: BMW 216D c.c: 1496
Colour: Silver A.C: Insured / Std / NI / NA
Sp Reading: 7060. Radio: Insured / Std / NI / NA
Eng No:
C No: WBA2B3520X0V92 6018
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: (Inorder) / Jammed / Leaked / Burnt or
Brake: (Inorder) / Jammed / Leaked / Burnt or
Modi: Nil / (S/Rim) / STD A/Rim or
Tyre Size: F: 205/60R16
R: "
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front			Rear		
R/Bal.	6	mm	R.Bal.	6	mm
L/Bal.	6	mm	L.Bal.	6	mm
D.O.A.			D.O.I.	23/11/17 @ 1250	

Survey held at: PML
Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time File Pass to: [ ] : Preli. Report
[ ] : Final Report
Date/Time File Return to:

Days Of Repair:
Resurvey No. of Trip:
Survey Fee
Transportation

Add Fee: [ ] Site Insp $
[ ] Interview $
[ ] Technical $
[ ] Weekend $

Report Format:
Lump Sum / I.B